

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046694

STATE FILE NUMBER

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 307

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0975

2 0975

3

4 2

5 0

6

7 0

8 2

9761.5

10

11

12 1-0

13 3-0

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

FILED DEC 10 1963

1. PLACE OF DEATH

a. COUNTY

Saline

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Marshall

Length of stay in lb

25 minutes

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

John Fitzgibbon Memorial

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Saline

c. CITY
OR
TOWN

Marshall

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

769 W. Eastwood

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Not Named

Middle

Wilkerson

Last

4. DATE
OF
DEATH

Month

December

Day

5

Year

1963

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/5/63

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days Hours Min.

25

IF UNDER 24 HR

Min.

25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Marshall, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Junior Wilkerson

13b. MOTHER'S MAIDEN NAME

Veronica Lucille Washington

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. John Junior Wilkerson

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Prone position taken

INTERVAL BETWEEN
ONSET AND DEATH

3 min

DUE TO (b)

Spontaneous Rupture of Aorta

2 day

DUE TO (c)

Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/5/63

to 12/5/63 and last saw her alive on 12/5/63

Death occurred at 12/5/63 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Worin E. Rothman M.D.

22b. ADDRESS

Marshall Mo

22c. DATE SIGNED

12/5/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

12/5/63

23c. NAME OF CEMETERY OR CREMATORY

Marshall Cemetery

23d. LOCATION (City, town, or county)

Marshall, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

George H. Hays Funeral Home

25. DATE RECD. BY LOCAL REG.

12-5-63

26. REGISTRAR'S SIGNATURE

Cecil G. Roth

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4220

P. O. Address Butte, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.